

HEE Training Programme Director

London and KSS Handbook



Version 1.1 (November 2021)

Developing people
for health and
healthcare

www.hee.nhs.uk

Issuing Department	HET Workforce
Issuing Date	October 2021
Version	Version 1.1
Approved	HET SMT
Next Review Date	April 2022

The handbook should be available on the website:

<https://london.hee.nhs.uk/medical-training/training-programme-director-resources-2>

INTRODUCTION

We hope that you find this Training Programme Director (TPD) Handbook useful, either as a newly appointed TPD or as someone who has been in the role for a number of years. It contains links to documents and websites which cover the remit of work which you will be involved in with all the staff members in the Healthcare Education Team (HET).

HEE provides leadership for the education and training system and ensures that the workforce has the right skills, behaviours and training to support the delivery of excellent healthcare and drive improvements through supporting healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training.

As a TPD your role is to work with and support the Head of School in leading the delivery of a wide range of functions, aligned to the HEE mandate. You are professionally and managerially accountable to the Head of School, who in turn is accountable to the Postgraduate Dean.

You will focus upon the improvement of learner supervision, assessment and experience, engagement of faculty and ensure effective educational outcomes, both now and in the future. As you will know change is constant in the NHS and your role will also evolve to focus on workforce transformation and develop multi-professional links. To keep abreast of developments within HEE TPDs are required to attend TPD Development days throughout the year.

To support the Postgraduate Dean, TPD's will work across the spectrum of health and where relevant, social care, within the context of a team, so that the provision of education reflects changing service models. This will deliver an integrated workforce comprising individuals from a spectrum of professional and other backgrounds.

You will work closely with the Specialty Officer, Operations Managers and Heads of School

The Specialty Officer who is supported by their administrator will need your help on:

- managing the recruitment of trainees (including calculating vacancies, website information, participating in local / national career fairs; analysis of recruitment data).
- managing the assessment (ARCP/) process for trainees (ie approving ARCP timetable with Officer, attending assessment panels, drafting paperwork / management reports for assessment appeals and presenting the specialty case at any appeal panels), convert Outcome 5, attend reviews and appeals.
- Planning trainee rotations: submitting rotation grids which account for all trainees including those who are on maternity leave; OOP, new starters, sick leave etc.

Key areas of the TPD Role include:

- Ensuring that the curriculum can be delivered within the local training programme; and that all posts are in line with this
- Developing a network of (ES) educational supervisors who may need to be trained in the necessary tools for assessing trainees.
- Providing careers information, guidance and advice to trainees and be involved in the Induction. Point trainees in the direction of PSU.
- Supporting doctors with differing/individual training needs;
- Ensuring that the interests of less than full time and academic trainees are accommodated
- Attending regional and national meetings (potentially including School Board / STC / SAC – affiliated with colleges)
- Potentially arranging and participate in specialty / School visits to Local Education Providers Key liaisons
- Liaise closely with Health Education England staff i.e. Post Graduate Deans as RO's, Regional Clinical Advisors, Heads of School, Case Management Team, other TPDs, the HET Senior Leadership Team and Service Delivery Managers.
- Liaise with Local Employer Trust staff for example change to rotas, training site, trainee absence

Healthcare Education Team (HET)

HET works closely to deliver the training programmes across London, Kent, Surrey and Sussex.

The offices are usually based at Stewart House 32 Russell Square London WC1B 5DN.

The HET team is normally available on weekdays from 8am to 5.30pm.

The HET organogram inc team contact details available at:

<https://london.hee.nhs.uk/%3Cfront%3E/contact/how-contact-us>

HET TEAMS

Team 1: Surgery, Ophthalmology, Anaesthetics, ICM, Emergency Medicine, Obstetrics & Gynaecology, Clinical Radiology

Team 2: General Practice, Foundation, Public Health, Psychiatry, Dental

Team 3: Medicine specialties, Clinical Oncology, Pathology, Occupational Health, Paediatrics. Academic Team

HET Recruitment Team

HEE and HET – ORGANISATIONAL STRUCTURE

HEE – Leaders and Structure

<https://www.hee.nhs.uk/about/how-we-work/our-leaders-structure>

PGMDE SUPPORT PORTAL - PSP ([see also here](#))

This is the main portal for communications with trainees and trusts and you will see references made throughout this guide. The portal contains information for both trainees and trainers.

The link to the portal is here <https://lasepgmdesupport.hee.nhs.uk/support/home>

TPD TIMELINE

The timeline in Appendix 2, will assist you with rotation planning and should be used in conjunction with the information in this guidance.

TABLE OF CONTENTS

1. ACADEMIC
2. ACTING UP
3. ANNUAL REVIEW OF COMPETENCY PROGRESSION (ARCP)
4. CASE MANAGEMENT & TRAINEES IN DIFFICULTY (TiD)
5. CESR
6. CODE OF PRACTICE (*see Rotations section*)
7. CLINICAL GOVERNANCE
8. DIFFERENTIAL ATTAINMENT
9. EDUCATIONAL SUPERVISORS COURSE MODULES
10. ENHANCING JUNIOR DOCTORS' LIVES
11. E-PORTFOLIOS
12. EVENT MANAGEMENT SYSTEMS (EMS)
13. EXPENSES
14. EXTERNAL ADVISOR (EA) - Medicine
15. GMC TRAINEE SURVEY
16. INTER DEANERY TRANSFERS (IDTs)
17. INTER-FOUNDATION SCHOOL TRANSFER (IFSTs)
18. LASE SUPPORT PORTAL
19. LEAD EMPLOYERS
20. LESS THAN FULL TIME TRAINING
21. MANAGING ROTATIONS/PROGRAMMES
22. MEDICAL TRAINING INITIATIVE (MTI)

23. MENTORING FOR EDUCATIONAL SUPERVISORS
24. PENULTIMATE YEAR REVIEW (PYR) - only for Medicine
25. PERIOD OF GRACE (POG)
26. PROFESSIONAL SUPPORT UNIT (PSU) *Refer to Case Management/ Trainees in Difficulty section.*
27. RECRUITMENT
28. RETURN TO CLINICAL PRACTICE AND SupportTT
29. REVALIDATION
30. ROTATIONS
31. SHIELDING
32. SPECIALTY SCHOOLS
33. SPECIALTY SCHOOL BOARD MEETINGS
34. STUDY LEAVE
35. TIME OUT OF TRAINING (OOP)
36. TRAINEE INFORMATION SYSTEM (TIS)
37. VISAS FOR DOCTORS
38. WEBSITES AND USEFUL LINKS

APPENDIX 1

ACRONYM DICTIONARY

APPENDIX 2

TPD TIMELINE

1. ACADEMIC

Academic Head of School – Dr Vivienne Curtis

Academic TPDs

Medicine	Steffen Peterson
Pathology	Silvia Marino (also GIM/ID/Neurology)
Surgery	Nick Watkin
Anaesthetics	Gudrun Kunst
Paediatrics	Sandia Naik and Chris Gale
O&G	Ranjit Manchanda

Responsibilities of the Specialty TPD

It is important to note that ACF and CL posts are all ‘in addition’ and this needs to be born in mind when managing rotations

- Bids process: liaising with Academic Lead that academics can or cannot be accommodated
- Recruitment: confirm level of grade and placement with academic lead
- CL and ACF JDs: to check and approve these with the academic lead
- Appointment of trainee and rotating them: identify placements (ACFs and CLs are both ‘in addition’) and start dates.
- ARCPs: Academic trainees should have an academic rep on the ARCP panel

IAT team in HET

Contact via – academictraining.lase@hee.nhs.uk

IAT Handbook

https://healtheducationengland.sharepoint.com/:w:/r/sites/HETTeamHub-London/_layouts/15/Doc.aspx?sourcedoc=%7B31B862A8-9249-453A-8ECA-C62C6D40E41A%7D&file=IAT%20Handbook.docx&action=default&mobileredirect=true

Counting time

How much time research/academic training can count towards clinical training (which is a process that is very opaque and would be useful to develop clearer consistent guidelines across specialties/regions)

Categories of IATs: ACFs/CL and Locally Funded IAT posts

Information on NIHR:

<https://www.nihr.ac.uk/explore-nihr/academy-programmes/integrated-academic-training.htm>

ACFs

- 75% of time in specialist clinical training
- 25% of time in research or educationalist training.

CL

- 50% of time in specialist clinical training
- 50% research or educationalist training.

Locally Funded IAT ACF and CL posts

The NIHR will recognise locally funded posts developed by IAT partnerships providing they meet the following criteria relating to the appointment and support for doctors and/or dentists in schemes that:

- Appoint through national competition
- Offer 3 year ACF (4 years for GPs) and 4 year CL appointments with 25% and 50% protected academic training, respectively
- Provide access to formal training in research methods and research governance
- Have a joint clinical and academic Annual Review of Competence Progression (ARCP)
- Provide similar supervision/mentorship arrangements for ACF and CL appointees
- Offer a £1k per annum travel bursary to attend conferences.

IAT Information for the trainee

PSP FAQs for trainees on IAT:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/folders/7000042099>

ACF: (FAQs) <https://www.nihr.ac.uk/documents/faq-cl-and-acf-2019/20230>

CL: (FAQ): <https://www.nihr.ac.uk/documents/faq-cl-and-acf-2019/20230>

National Institute for Health Research (NIHR): <https://www.nihr.ac.uk/>

2. ACTING UP

Trainees wishing to Act Up need to complete an On-line form via PSP:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/articles/7000019015-when-can-i-act-up-as-a-consultant->

Acting up as a consultant posts may count towards a CCT or CESR (combined programme) when the relevant specialty curriculum has provisions for these types of post. Where the acting up as a consultant post is in the same training programme you are enrolled onto, our approval isn't needed. If the acting up as a consultant post is in a different training programme, the usual out of programme approval process must be followed to get our prospective approval.

When a trainee acts up as a consultant, there must be appropriate supervision in place and approval will only be considered if the placement is relevant to gaining the competences, knowledge, skills and behaviours required by the curriculum. Acting up as a consultant posts can only be taken in the final year of specialty training. Acting up should be agreed with the TPD as gaps should not be left in the rotation.

Time in acting up as a consultant can count towards the award of a CCT or CESR (combined programme) under certain circumstances. If there isn't provision for acting up as a consultant, posts in the relevant specialty curriculum, experience acting up can't be counted towards a CCT or CESR (combined programme).

Specialty specific websites

Surgery: <https://www.icst.org/uk-trainees/str-trainees/acting-up-as-a-consultant/>

O&G: <https://www.rcog.org.uk/en/careers-training/resources--support-for-trainees/training-guidelines/acting-up-and-locum-consultant-posts/>

Psychiatry: https://itineris.rcpsych.ac.uk/docs/default-source/training/curricula-and-guidance/training-guides-auc-guidance-june-2018.pdf?sfvrsn=9b318730_2

3. ANNUAL REVIEW OF COMPETENCY PROGRESSION (ARCP)

HET will set three ARCP windows for the summer and one for the winter. These windows are set so that they specifically align with rotation dates, to allow enough time for planning, to get grids accurate and for this information to be validated through the HET systems before being published to the Trusts at 12 weeks according to Code of Practice. Specialties are expected to hold their ARCPs within these windows as HET can dedicate staff and resources to support ARCP panels. The specialty officer will contact the TPD to help set the dates; draft timetables and provide the latest HET guidance, such as the ARCP panel briefing,

ARCP panel

A minimum of 3 ARCP panel members are needed. If there are any academic trainees there will need to be an academic representative on the panel.

ARCP panel briefing

Each year the panel briefing is updated, for example 2020 was updated with the new COVID outcomes and this was further updated for 2021. In some cases, specialties such as Dental will have their own panel briefings.

ARCP Outcomes

Outcome 1 – achieved targets

Outcome 2 – Development of specific competencies require: targets set with no extended time

Outcome 3 – Inadequate Progress: targets set with extended training time

Outcome 4 – Released from training programme

Outcome 5 – Incomplete evidence presented – additional training time may be required

Outcome 6 – Gained all required competencies and capabilities – recommended for completion of programme

Outcome 8 – Out of Programme for clinical experience, research or a career break

When an outcome is not issued

There are circumstances when the ARCP panel would not issue an outcome, such as when the trainee is absent on statutory leave (e.g. maternity/paternity/adoption or sick leave) or where training has been paused. In these cases, the panel will record the reasons for this

Covid Outcomes

10.1 – ‘no fault outcome’ similar to Outcome 2. It can be used for trainees who have not been able to demonstrate required capabilities (because of Covid). Trainees can progress to the next stage in training.

10.2 - ‘no fault outcome’ similar to Outcome 3. It can be used for trainees who have not been able to demonstrate required capabilities (because of Covid) which cannot be made up at the next stage of training because they are at critical progression points. Trainees cannot progress and will require additional training time.

ARCP FAQs on PSP link:

<https://lasepgmdsupport.hee.nhs.uk/support/solutions/folders/7000009244>

4. CASE MANAGEMENT & TRAINEES IN DIFFICULTY (TiD)

How to identify a TiD

- TPDs need to let HET know if there are any trainees in difficulty (TiD) before ARCPs are held, ie those on long-term sick; those that have physical and mental health issues; issues like dyslexia/learning requirements/those not achieving competencies at the level expected, exam failure etc
- ES reports are very important in logging concerns during training.

- Support meetings with the trainee with a Head of School are sometimes needed and the HET Specialty Officer should be contacted in order to set this up

Resources/where to direct a trainee when they need support

- **PSU** - The Professional Support Unit <https://london.hee.nhs.uk/professional-development>

This operates on a self-referral basis and can be accessed via the link above. The PSU team operates independently from the training programme and all enquiries are treated confidentially. The PSU team offers an array of support for trainees including educational assessments, and careers coaching.

Who to contact at HEE:

- The Specialty Officer is the first point of contact with concerns and they will liaise with the Head of School and the Case Management Team

Involvement of the Case Management Team

- They monitor and look after cases where there have been Serious Incidences; GMC investigations; Appeals; monitoring of high level TiDs; Supernumerary funding and will liaise with the Specialty Officer, OMs, Heads of School and the Postgraduate Dean.

Useful links:

Bullying helpline - <https://www.nhs.uk/conditions/stress-anxiety-depression/bullying-at-work/>

Urgent/immediate psychological support in a crisis - Trainees can access free & confidential psychological or mental health support 24/7 via

- The NHS Frontline service for all NHS staff: **Call 0300 131 7000** (between 7am-11pm) or Text 'FRONTLINE' to 85258 (**24hrs/day**)
- The BMA's 24/7 counselling service for all doctors (including non BMA members): **Call 0330 123 1245** or visit [The BMA](#)
- The Samaritans: **Call 116 123** or visit [Samaritans](#)
- The Practitioner Support Programme's crisis line: **Text NHSPH to 85258** or visit [Practitioner Health](#).

Practitioner Health is a free, confidential NHS mental health treatment service with expertise in treating healthcare professionals. The service can help with mental health conditions such as depression, anxiety and obsessive-compulsive disorder. They also see healthcare professionals with more severe illnesses, such as bipolar affective disorder, personality disorders and psychosis and with a range of addiction issues.

5. CESR-CP

The GMC issues three types of specialist or general practice certificates that confirm eligibility for entry onto the Specialist Register or General Practice (GP) Register

- Certificate of completion of training (CCT)
- Certificate of eligibility for specialist registration (CESR)
- Certificate of eligibility for general practice (CEGPR)

The Certificate of Eligibility for Specialist Registration Combined Programme CESR(CP) – Confirms that a doctor has joined an approved specialist training programme and has previously trained in other, non-approved posts, that this has already provided some of the CCT curriculum competencies. The doctor can

enter training at a later starting point, complete the rest of the programme and gain the remaining competencies. This is known as the 'combined programme', and confirms that the doctor is eligible to apply for entry onto the Specialist Register via a CESR (CP) or to the GP Register via a CEGPR (CP).

Within the UK, there's no difference in the recognition of a CESR/CEGPR and a CCT. Both certificates allow specialist or GP registration on exactly the same terms. [Please refer to the GMC website](#) for further information.

6. CODE OF PRACTICE ([see Rotations section](#))

7. CLINICAL GOVERNANCE

Seven Pillars of Clinical Governance:

- Clinical Effectiveness and Research.
- Audit.
- Risk Management.
- Education and Training.
- Patient and Public Involvement.
- Information and IT.
- Staff Management.

GMC handbook link:

<https://www.gmc-uk.org/registration-and-licensing/employers-medical-schools-and-colleges/effective-clinical-governance-for-the-medical-profession>

8. DIFFERENTIAL ATTAINMENT

Differential attainment is the unexplained variation in attainment between groups who share a protected characteristic and those who do not share the same characteristic, for example, ethnicity, gender and disability.

For more information please click here: <https://london.hee.nhs.uk/multiprofessional-faculty-development/differential-attainment#:~:text=Differential%20attainment%20is%20the%20unexplained,%2C%20ethnicity%2C%20gender%20and%20disability>.

9. EDUCATIONAL SUPERVISOR MODULES

The HEE London site has a dedicated Faculty Development area with information for educators:

<https://london.hee.nhs.uk/multiprofessional-faculty-development/fd-new-multiprofessional-framework-educators>

MSF tool for educators:

<https://london.hee.nhs.uk/multiprofessional-faculty-development/fd-multisource-feedback-tool>

E-learning for Health hosts modules or ES accreditation:

<https://www.e-lfh.org.uk/programmes/educational-and-clinical-supervisors/>

[See also Mentoring for educational supervisors](#)

10. ENHANCING JUNIOR DOCTORS' LIVES

In March 2016, the Enhancing Junior Doctors' Working Lives programme was established to address a range of issues that adversely affect the quality of life of junior doctors. Led by Health Education England, it is a cross-system collaboration to deliver meaningful change.

Working in partnership with the BMA Junior Doctors' Committee, NHS Employers, the GMC, and the Academy of Medical Royal Colleges (AoMRC), HEE also drew on its own quality management and reporting mechanisms to inform the focus of the group and the development and implementation of various initiatives to improve working lives for junior doctors.

HEE Annual Progress Report 2020

https://www.hee.nhs.uk/sites/default/files/documents/EJDWL_Report_June%202020%20FINAL.pdf

11. E-PORTFOLIOS

Clinical Oncology

<https://www.rcr.ac.uk/clinical-oncology/specialty-training/kaizen>

Emergency Medicine

RCEM nhsportfolio to change to Kaizen portfolio:

<https://auth.kaizenep.com/interaction/JcQMO5NNS-wZ5cSYur7Az>

Foundation

Horus – foundation team

GP

<https://www.rcgp.org.uk/training-exams/training/mrcgp-trainee-eportfolio.aspx>

Medicine - JRCPTB

<https://www.nhseportfolios.org>
ePortfolioteam@jrcptb.org.uk

Occupational Medicine

<https://www.fom.ac.uk/education/speciality-training/current-trainees/eportfolio>

Pathology

<https://www.rcpath.org/log-in.html>

Paediatrics

<https://www.rcpch.ac.uk/resources/rcpch-eportfolio-kaizen-guidance-educational-clinical-supervisors>

Eportfolio team: eportfolio@rcpch.ac.uk

Tel: 44 020 7092 6000

Public Health

<https://www.fph.org.uk/training-careers/specialty-training/training-eportfolio/>

Psychiatry

<https://training.rcpsych.ac.uk/home>

Surgery (England)

<https://www.rcseng.ac.uk/>

Joint Committee on Surgical Training

Email: jcst@jcst.org

12. EVENT MANAGEMENT SYSTEMS (EMS)

This is the system that is used to track who has booked onto an event, such as a regional training day. This system should send people an automated confirmation email once you have signed up for an event, and will also send them reminders as the event gets closer. Regional Training Day sign up links are posted on the websites KSS <https://kss.hee.nhs.uk/events/> and London <https://london.hee.nhs.uk/calendar4>

Who has access to EMS?

Events bookers within HET have editing rights to EMS and can book and edit events as required.

Faculty teams within HET and Medical Education Managers will be provided read only access so that they can support the monitoring of registration and attendance between reporting and also review numbers attending for venues purposes.

Information for Trainees on PSP on how to book an event, such as a training day, ARCP

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006222>

13. EXPENSES

Relocation expenses for trainee

<https://www.lpmde.ac.uk/training-programme/training-matters/relocation-and-excess-travel-claims/relocation>

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000014646>

14. EXTERNAL ADVISOR (EA) - Medicine

External Advisors (EAs) assist Deaneries with the quality management of Local Education Providers (LEPs), when invited as part of Deanery led teams, to sample visit Local Education Providers and sit on Deaneries Annual Record of Competency Progression (ARCP) panels. The Colleges provide External Advisors for Penultimate Year Assessments to also review the progress of individual trainees.

External Advisor's handbook - JRCPTB

https://www.jrcptb.org.uk/sites/default/files/External%20Advisors%20Handbook%20FINAL%2006.07.18_0.pdf

15. GMC TRAINEE SURVEY

HET's involvement with the GMC Survey involves running several reports on TIS prior to the Survey becoming live to make sure that:

- all trainees are correctly placed onto TIS and have the correct year of training
- all trainees' detail are up to date

PSP FAQ link for trainees on GMC Survey:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006999>

GMC link:

<https://www.gmc-uk.org/education/how-we-quality-assure/national-training-surveys>

16.INTER DEANERY TRANSFERS (IDTs)

Windows

There are two IDT windows per year: February and August which are advertised on <https://specialtytraining.hee.nhs.uk/nationalIDT>

How trainees access the application form

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006974>

Process for TPDs

The Specialty Officer will ask TPDs to confirm if they are able to accommodate any incoming IDTs into their training programme and identify posts with them. The HoS will sign off a spreadsheet for all four regions once the TPDs have submitted information. Once the national IDT team have processed the applications HET will be sent spreadsheets with details who has been approved and the specialty officer will liaise with the TPDs regarding start dates and placement.

TPDs **must not** discuss specific posts with any IDT applicant wishing to apply into London and KSS as this can lead to misunderstandings and complaints. Trainees have to fill in a form and submit evidence via LASESupport portal.

17.INTER-FOUNDATION SCHOOL TRANSFER (IFSTs)

The UKFPO has introduced a new Inter-Foundation School Transfer (IFST) process for 2019/2020. This will be a centralised process for F1s who are currently part of a 2-year Foundation Programme, but require to move to another location for F2 or prior to commencing F1. The process has been designed to support transfers across Schools in cases where individual circumstances have changed since initial allocation or application. More details can be found on the [UKFPO website](#). There are certain criteria that must be met for an IFST. Transfers will only be allowed if circumstances have changed.

<https://foundationprogramme.nhs.uk/faqs/stand-alone-faqs-ifest/>

18.LASE SUPPORT PORTAL

TPDs send through enquires through to the specialty mail boxes. Otherwise, trainees and Trusts send through enquiries through to the PGMDE Support Portal via: <https://lasepgmdesupport.hee.nhs.uk/support/home>

The support portal is divided into two sections:

- FAQs and query submission for trainees, trainers and trusts in the HEE London and KSS regions
- FAQs and query submission for any applicant, panel member or referee relating to recruitment activity supported by the London and KSS Recruitment team

19. LEAD EMPLOYERS

There are very few Lead Employers now in HET. Palliative Medicine has St Helen's and Knowsley as a Lead Employer- <http://www.sthk.nhs.uk/workwithus/lead-employer-service>

The Lead Employer model provides the services for trainee, for example: Human Resources (maternity leave, pay); Health, Work and Wellbeing; Payroll; Safeguarding. HET holds meetings with the LP, TPDs and the Quality, Patient Safety and Commissioning Team.

The contract for LPs is managed by the [Quality, Patient Safety & Commissioning Team in HET London](#).

20. LESS THAN FULL TIME TRAINING

Health Education England, London and KSS is committed to helping doctors reach their full potential and to helping those with child-caring or other responsibilities, or health problems, to continue training. LTFT trainees must meet the same requirements in specialty and general practice training as full-time trainees. The only difference is the possibility of limiting participation of medical activities due to the number of hours worked per week. HEE fully endorse the principles set out in the Gold Guide. Essentially, LTFT and full-time trainees follow the same curriculum and will have the same requirements for completion of training.

Trainees need to give the trust 16 weeks' notice and complete a LTFT form when they wish to go LTFT or change their LTFT status. Trainees can find information via:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006974>

GMC guidance link:

https://www.gmc-uk.org/-/media/documents/Less_than_full_time_training_position_statement_Nov_17.pdf_72374278.pdf

Application Process Step-by-Step:

1. Trainee to discuss intention to work LTFT with Training Programme Director/GP Scheme Manager/Foundation School Manager. They should try to do this as early as possible. Category 1 applications must give 16 week's notice to apply to train LTFT. Category 2 applications must give 6 months' notice to apply to train LTFT.
2. Complete and submit LTFT application form which is available via the PGMDE Support Portal. Forms must be submitted as early as possible, no later than 16 weeks before starting their placement.
3. Eligibility will be assessed, and trainee notified of the outcome: Category 1 LTFT applications will be responded to within 10 working days. Category 2 applications should be responded to within 30 working days.
4. If approved under Category 1 no further action is required. We will assume trainees wish to continue training LTFT at the same WTE (whole time equivalent) until we are told otherwise. Trainees need only submit a new application if they wish to change their working hours or return to full-time work. Category 2 staff are only approved for a 12-month period after which must apply for an extension. If not eligible and wish to appeal the decision, trainees should meet with Head of School or Foundation programme director.
5. LTFT Category 3 (where trainees can choose to train LTFT as a personal choice which is not subject to any judgement and is only limited by service considerations) is currently being offered to all specialties except foundation.

O&G, Paediatrics and Emergency Medicine can apply as per the previous model.

All other specialties except Foundation are currently able to apply to work at 80% for 4-6 months (fitting in with rotation dates). In July 2022 Foundation trainees will be eligible to apply, and all other specialties will be able to take advantage of the full model.

21. Managing Rotations/Programmes

There are many elements to be aware of when planning your rotations - both for short, medium and long term planning. These include:

- Post management – know your posts, how many you have, how to utilise these to manage your trainees training pathways. If possible use a grid that shows the National Post Numbers (NPNs) that the HET team and Trusts use to identify posts.
- Recruitment and Inter-Deanery Transfers – knowing your post numbers helps you to accurately assess numbers for recruitment and if any IDTs can be accommodated.
- Deferrals
- Academic trainees
- Less than full time
- Out of Programme
- Parental leavers
- Period of Grace
- Acting up
- Trainees in difficulty

It is important to work with your specialty officer and team closely to achieve the best management of programmes.

22. MEDICAL TRAINING INITIATIVE (MTI)

The Medical Training Initiative (MTI) is a national scheme that allows trainee doctors from outside the UK/EU/EEA to undertake up to 24 months of training and development in NHS services before returning to their home countries. The scheme is aimed at doctors from the Lower Income and Lower Middle-Income Countries as defined by the World Bank. The Academy of Medical Royal Colleges oversee the MTI scheme and are responsible for sponsoring doctors for their Tier 5 (Government Authorised Exchange) visa.

The HEE and Academy of Medical Royal Colleges' [National Standards for the administration and delivery of the MTI scheme](#) outlines the overarching minimum standards for the MTI scheme. The role of HEE is to approve MTI applications to ensure that the posts do not disadvantage UK trainees nor adversely affect the training of existing trainees in the training location and provides sufficient educational and training content.

Applications for the London and KSS regions should be submitted to mti.lase@hee.nhs.uk in the first instance and the team will process the approval.

Further information regarding the MTI scheme can be found on the following sites:

- [Academy of Medical Royal Colleges - MTI Scheme](https://www.aomrc.org.uk/medical-training-initiative/)
- [Medical Royal Colleges participating in the Medical Training Initiative](https://www.aomrc.org.uk/medical-training-initiative/medical-royal-colleges-participating-in-mti/)

23. MENTORING FOR EDUCATIONAL SUPERVISORS

Information here: <https://www.hee.nhs.uk/our-work/medicines-optimisation/supporting-educators-learners>

24.PENULTIMATE YEAR REVIEW (PYR) - Medicine – Replaces PYAs

PYAs were suspended during the COVID-19 pandemic, as requested by the four Statutory Education Bodies (SEBs) and supported by the JRCPTB and GMC. The purpose of the suspension was to free up as much administrative and clinical time as possible, given the vital contribution of trainees and educators in the physician specialties in dealing with the coronavirus outbreak.

The original purpose of the Penultimate Year Assessments (PYAs) for trainees who were 12-18 months away from their CCT was to identify any outstanding competencies they needed to achieve before their final ARCP.

Penultimate Year Reviews of GIM training – from the JRCPTB Website:

<https://www.jrcptb.org.uk/specialties/general-internal-medicine-gim>

Penultimate Year Assessments (PYAs) were suspended by the Statutory Education Bodies (SEBs) of England, Scotland, Wales and Northern Ireland in response to the COVID-19 pandemic.

The JRCPTB recognises that it is critically important that trainees approaching their final year of training know what they need to do to complete their training by their planned date of **CCT**. The Training Program Directors (TPDs) and trainee members of the GIM SAC propose that this be achieved by implementing a more structured approach to the assessment of GIM training at trainees' penultimate ARCPs, which should also help to reduce undesirable variation in process and outcomes for trainees in different regions. This structured approach will be termed a '**Penultimate Year Review**' (PYR).

To support PYRs in GIM, the GIM SAC have developed the following forms to allow trainees to document their GIM training and experience in a standardised manner, which should help those assessing GIM training on penultimate **ARCP** panels to make consistent assessments. Where **Deaneries** already have well-developed mechanisms for allowing trainees to provide the necessary information in a structured way, use of these newly developed forms is not mandatory (use will be at the discretion of the local GIM **TPD**).

25.PERIOD OF GRACE (POG)

Period of Grace enables doctors who have completed training and not yet obtained a consultant post to continue in the Specialty Registrar grade contract for a time limited period whilst they find employment. The standard POG is six calendar months following the date of the CCT/CESR (CP). The doctor is no longer considered to be in training but in a post for the purposes of service.

PG is not available on General Practice Training Programmes.

Information for trainees - FAQs: [HERE](#)

26.PROFESSIONAL SUPPORT UNIT (PSU)

[Refer to Case Management and Trainees in Difficulty section.](#)

27.RECRUITMENT

The London and KSS Recruitment team obtain details of vacancies from the specialty officers who will have liaised with TPDs.

Information on Recruitment

Can be found on: <https://london.hee.nhs.uk/recruitment>

Dental: <https://london.hee.nhs.uk/recruitment/dental-recruitment>
 Medical Foundation: <https://london.hee.nhs.uk/recruitment/medical-foundation>
 Academic: <https://london.hee.nhs.uk/recruitment/academic-recruitment>
 Medical Specialties: <https://london.hee.nhs.uk/recruitment/medical-specialties-0>
 Core Surgery: <https://london.hee.nhs.uk/medical-specialties/core-surgery>
 General Practice: <https://gprecruitment.hee.nhs.uk/>

General recruitment information on

PSP<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000004286>

Enquiries – where to direct them

Applicant enquiries are made via - <http://lasepgmdesupport.hee.nhs.uk>

Panel Member enquiries - can come in either via PSP or medicalrecruitment.lase@hee.nhs.uk.

Recruitment Support and Processes

LaSE provides a number of recruitment services and support for applicants. These include:

- [Applicant support and enquiries](#)
- [How to apply](#)
- [Expenses](#)

28.RETURN TO CLINICAL PRACTICE AND SupportTT

Trainees who have been out of training for a while, ie due to maternity leave can access SupportTT (Supported Return to Training). This was originally managed by PSU but is now managed by HET.

The London & Kent, Surrey and Sussex Supported Return to Training (SupportTT) programme aims to support all trainees to safely and confidently return to training after a sustained period of absence. The programme applies to all trainees absent for 3 months or more, regardless of the reason. Those absent for a shorter period may also opt in. Returning trainees are eligible for courses that are not covered by the usual study leave. They are able to claim for funding for supernumerary sessions. Each school within HET and Trust have SRTT champions that are useful as a first point of contact

SupportTT: <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>

Trainees will be required to complete the 3 following forms with their ES:

- [**CLICK HERE to complete the Pre-absence Form**](#)

Before starting a period of planned absence of 3 months or more, all trainees should meet with their Educational Supervisor (ES) and complete a Pre-absence Form.

- [**CLICK HERE to complete the Pre-absence Form**](#)

Before starting a period of planned absence of 3 months or more, all trainees should meet with their Educational Supervisor (ES) and complete a Pre-absence Form.

- [**CLICK HERE to complete the Follow-up Form**](#)

All trainees should meet with their Educational Supervisor (ES) as soon as possible after returning to work and complete a Follow-up Form.

Returning to work during Covid-19 <https://www.hee.nhs.uk/coronavirus-covid-19>

British Medical Association link on Return to Clinical Practice

<https://www.bma.org.uk/advice-and-support/career-progression/applying-for-a-job/returning-to-clinical-practice-after-absence>

29. REVALIDATION

For trainee doctors, the five-year revalidation cycle will start at the point of full registration with a license to practice, which usually occurs at the start of Foundation Year Two (F2).

The GMC have set revalidation dates for approximately 60 days after expected CCT date. For those whose training programme lasts less than five years, as in General Practice, their first revalidation will take place at CCT. The designated body for trainees will be the Local Education and Training Board (LETB), and the Responsible Officer (RO) are : Dr Gary Wares (Postgraduate Dean for North London); Dr Sanjiv Ahluwalia (Regional Postgraduate Dean for London); Dr Geeta Menon (Postgraduate Dean for South London); Prof Graeme Dewhurst (KSS). <https://london.hee.nhs.uk/%3Cfront%3E/about-us/meet-deans>

They will base their recommendations for revalidation on information supplied for the Annual Review of Competence Progression (ARCP).

HET Officers and OMs are responsible on behalf of the ROs have three options in making a recommendation. These are, in summary:

1. Recommendation to revalidate
2. Deferral request
3. Notification of non-engagement

In order to incorporate [revalidation](#), the Annual Review of Competence Progression (ARCP) has been enhanced by developing the existing documents. The Form R part B, Educational Supervisor's report and ARCP Outcome form include sections relevant to revalidation. The ARCP panel will determine whether or not there are any causes for concern, and the chair of the panel will relay this to the Responsible Officer via the ARCP Outcome Form. This will happen annually, although revalidation itself is on a five-year cycle.

GMC guidance:

<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation>

30. ROTATIONS

HET has to adhere to the NHS Code of Practice rules and therefore has strict deadlines to meet. These deadlines are now part of the Junior Doctors Contract Terms and Conditions.

Code of Practice document

<https://www.nhsemployers.org/your-workforce/recruit/national-medical-recruitment/code-of-practice-provision-of-information-for-postgraduate-medical-training>

Key points in the 2018 version which HET must comply with are:

- Provide information to employers (at least 12 weeks before the trainee is due to start in post. The employer can then ensure that relevant information is sent to the trainee. This will include providing a generic rota at 8 weeks and the duty roster at least 6 weeks in advance of the trainee starting in post.

Role of the TPD

- TPDs will be informed by the Specialty Officer of when they need to submit rotation grids. Should any delay be anticipated, the TPD will need to inform the Specialty Officer of the reasons.
- When submitting the grid the TPD will need to account for all trainees, including LTFT, academic trainees' placements, maternity leavers and those on sick leave

- TPD will respond to HET's queries if there is any further information required, ie if there is perceived to have been an overfill of posts or if there is a vacant whether this needs to be filled by the trust and for how long.
- TPD will inform HET if there are any last-minute changes to the rotation grid.

Rotation Change Request form

Should there be any changes once the 12-week CoP deadline has passed the Rotation Change Request form will need to be completed by the TPD. The form is available here:

<https://lasepgmdesupport.hee.nhs.uk/support/home?trainer>

This form should be completed for every change made to a trainee placement once the 12-week CoP deadline has passed. A change constitutes any amendment to a trainee placement which will result in a trust needing to make changes to a work schedule and/or the contract.

Please note that HoS approval needs to be sought prior to TPDs submitting the change form. HoS will only approve changes after the 12-week deadline on exceptional grounds, to ensure breaches to the CoP are minimised.

PSP FAQs for trainees on rotations:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/folders/7000009270>

<https://lasepgmdesupport.hee.nhs.uk/support/home?trainer>

31. SHIELDING

Guidelines for those health professionals who are shielding and proxy-shielding are currently changing. Below are a selection of resources, articles and links to PSU courses to inform and update. Resources will be updated regularly so please keep linking to this page for updates

<https://london.hee.nhs.uk/covid-19-hub/online-well-being-resources/information-shielding-proxy-shielding-trainees>

32. SPECIALTY SCHOOLS

School	Specialty
Anaesthesia: London	https://london.hee.nhs.uk/specialty-schools/anaesthesia
Anaesthesia: KSS	https://kss.hee.nhs.uk/anae/
Clinical Oncology London	https://london.hee.nhs.uk/specialty-schools/clinical-oncology
Clinical Radiology London	https://london.hee.nhs.uk/specialty-schools/clinical-radiology
Clinical Radiology KSS	https://kss.hee.nhs.uk/clinrad/
Dental London	https://london.hee.nhs.uk/dental
Dental KSS	https://kss.hee.nhs.uk/training/dental/

Emergency Medicine London	https://london.hee.nhs.uk/specialty-schools/emergency-medicine
Emergency Medicine KSS	https://kss.hee.nhs.uk/em/
Foundation London	https://london.hee.nhs.uk/medical-training/foundation
Foundation KSS	https://kss.hee.nhs.uk/foundation/
General Practice London	https://london.hee.nhs.uk/gp
General Practice KSS	https://kss.hee.nhs.uk/primary-care/
Medicine London	https://london.hee.nhs.uk/specialty-schools/medicine-and-medical-specialties
Medicine KSS	https://kss.hee.nhs.uk/medicine/
National School of Occupational Medicine	https://london.hee.nhs.uk/specialty-schools/occupational-health
O&G London	https://london.hee.nhs.uk/specialty-schools/obstetrics-and-gynaecology
O&G KSS	https://kss.hee.nhs.uk/obs-gynae/
Ophthalmology London	https://london.hee.nhs.uk/specialty-schools/ophthalmology
Ophthalmology KSS	https://kss.hee.nhs.uk/ophtha/
Pathology	https://london.hee.nhs.uk/specialty-schools/pathology
Paediatrics London	https://london.hee.nhs.uk/specialty-schools/paediatrics
Paediatrics KSS	https://kss.hee.nhs.uk/paeds/
Psychiatry London	https://london.hee.nhs.uk/specialty-schools/psychiatry
Psychiatry KSS	https://kss.hee.nhs.uk/psych/
Public Health	https://london.hee.nhs.uk/specialty-schools/public-health
Surgery London	https://london.hee.nhs.uk/specialty-schools/surgery
Surgery KSS	https://kss.hee.nhs.uk/surgery/

33.SPECIALTY SCHOOL BOARD MEETINGS

These should be held twice a year. Lead by Heads of schools, TPDs are expected to attend. Details and invitations will be provided to you by your specialty teams.

34. STUDY LEAVE

The heads of schools and training programme directors will monitor and evaluate the range of funded educational activities undertaken by trainees, to ensure that it is fit for purpose, providing quality and value for money.

An overview detailing the HEE-wide approach to study leave is available below. This guidance document has been developed through consultation with trainees, their representative bodies, colleges, specialty advisory committees and faculties.

An overview of the HEE approach document:

<https://www.hee.nhs.uk/sites/default/files/documents/Study%20leave%20guidance%20overview.pdf>

PGMDE Support Portal: FAQs on Study Leave

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000016490>

HEE Study Budget Reforms

<https://www.hee.nhs.uk/our-work/doctors-training/study-budget-reforms>

BMA guidance

<https://www.bma.org.uk/pay-and-contracts/leave/study-professional-and-special-leave/study-professional-and-special-leave>

35. TIME OUT OF TRAINING (Out of Programme OOP)

Trainees are allowed one period of OOP per programme, and have to discuss their plans with their ES and TPD ahead of providing 6 months' notice of their OOP plans. They must submit an OOP form which is found via the PSP portal - <https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000038225>. Trainees should not take an OOP period in their first year on a training programme.

The form will then need to be signed by the HoS or in some specialties, for example Paediatrics a panel will be convened to review OOP applications within certain times in the year.

If trainees need to extend their OOP they must discuss this with their ES and TPD and submit another form for the extension.

The GMC have a legal duty to prospectively approve any training programme. OOPs taken place at unapproved sites require further approval from GMC once the OOP application has received our endorsement. If the OOP is at a GMC approved location, it requires no further approval. **The deanery is responsible for applying to the GMC if required.**

Gold Guide (8th edition):

<https://www.copmed.org.uk/gold-guide-8th-edition/>

<https://london.hee.nhs.uk/medical-training/training-programme-director-resources-2>

Types of OOP

OOPT (Out of Programme Training and Acting Up)

This is for clinical training which isn't part of your training programme. This will normally be a maximum of one year. In exceptional circumstances it can be up to two years. This can count towards the CCT.

OOPR (Out of Programme Research) - maximum is 3 years is allowed

OOPE (Out of Programme Experience) - The General Medical Council (GMC) advises that time and competences gained in Out of Programme Experience posts cannot be counted towards training and will therefore lead to an extension to your certification date. Time spent in a developing country* will normally be treated as Out of Programme Experience (OOPE), which would not count as part of the CCT/CESR (CP). The Specialty Advisory Committees (SACs) will, however, consider a maximum of three months to count towards training if a satisfactory application for SAC support is submitted.

OOPC (Out of Programme Career Break) – used for example by trainees who have to care for a relative

OOPP (Out of Programme Pause) –allows trainees to step out of formal for a period of time – currently up to one year - and have any competencies gained whilst out of training assessed upon their return. This may allow trainees to minimise the impact on the time out of programme has on their CCT date. for trainees who want to do training in another posting (time can be counted towards CCT)

- OOP-P FAQs [HERE](#)
- OOP-P initiation and scope of practice form [HERE](#)

GMC guidance

The GMC provides guidance for:

- [colleges/faculties](#)
- [deanery/LETB administrators](#)
- [doctors in training](#)

Guidance to be read whilst applying for OOP [A Reference Guide for Postgraduate Specialty Training in the UK – The Gold Guide](#), which provides further out of programme guidance.

- [postgraduate deans](#)
- [training programme directors and educational supervisors](#)

36. TRAINEE INFORMATION SYSTEM (TIS)

Trainee information system (TIS) programme is a national initiative to develop information systems for the management and administration of trainees.

We are investing considerable effort in new information systems to support the efficient management and administration of trainees.

37. VISAS FOR DOCTORS

UK Government site

<https://www.gov.uk/browse/visas-immigration>

<https://www.healthcareers.nhs.uk/explore-roles/doctors/information-overseas-doctors>

BMA guidance

<https://www.bma.org.uk/advice-and-support/international-doctors/studying-and-training-in-the-uk/training-in-the-uk-and-your-visa>

38.WEBSITES AND USEFUL LINKS

London HEE Website – <https://london.hee.nhs.uk/>

KSS HEE Website - <https://kss.hee.nhs.uk/>

HEE: <https://www.hee.nhs.uk/our-work>

BMA: <https://www.bma.org.uk>

COPMED: <https://www.copmed.org.uk/> and Gold Guide <https://www.copmed.org.uk/gold-guide-8th-edition/>

DOHSC: <https://www.gov.uk/government/organisations/department-of-health-and-social-care>

GDC: <https://www.gdc-uk.org/>

GMC: <https://www.gmc-uk.org/>

GMC – Good Practice <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>

GMC: Programme and Site training : <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/programme-and-site-approvals/educational-supervisors-and-training-programme-directors>

NHS Employers: <https://london.hee.nhs.uk/%3Cfront%3E/nhs-employers>

UK Postgraduate Deaneries: <https://www.hee.nhs.uk/our-work/postgraduate-medical-dental-education>

NACT: <http://www.nact.org.uk/>

APPENDIX 1

ACRONYM DICTIONARY

A	ACCS	Acute Care Common Stem
	AHP	Allied Health Professional
	AKT	Applied Knowledge Test
	APGD	Associate Postgraduate Dean
	ARCP	Annual Review of Competence Progression
c	CAMHS	Child and Adolescent Mental Health Service
	CAP	Child and Adolescent Psychiatry
	CbD	Case-based Discussion
	CCH	Community Child Health
	CCT	Certificate of Completion of Training
	CEGPR	Certificate of Eligibility for GP Registration
	CEGPR (AP)	Certificate of Eligibility for GP Registration (Approved Programme)
	CESR	Certificate of Eligibility for Specialist Registration
	CESR (CP)	Certificate of Eligibility for Specialist Registration (Combined Programme)
	CoE	Certificate of Experience
	COGPED	Committee Of General Practice Education Directors
	COPMED	Conference of Postgraduate Medical Deans
	CPD	Continuing Professional Development
	CPT	Core Psychiatry Training
	CSA	Clinical Skills Assessment
	CST	Core Surgical Training
	CT	Core Training
D	DME	Director of Medical Education
	DOPS	Directly Observed Procedures
	DRN	Deanery Reference Number
E	eLfH	eLearning for Healthcare
	EQIA	Equality Impact Assessment
F	FTPD	Foundation Training Programme Director
	FiY1	Foundation Interim Year 1
	FY1	Foundation Doctor Year 1
	FY2	Foundation Doctor Year 2
G	GAP	General Adult Psychiatry
	GIM	General Internal Medicine
	GMC	General Medical Council
	GPNRO	GP National Recruitment Office
H	HEE	Health Education England

	HET	Healthcare Education Team
I	IDT	Inter-Deanery Transfer
	IFST	Inter-Foundation School Transfer
	IOT	Interim Order Tribunal
J	JCST	Joint Committee on Surgical Training
	JRCPTB	Joint Royal College of Physicians Training Board
L	LAS	Locum Appointment for Service
	LAT	Locum Appointment for Training
	LEP	Local Education Provider
	LETB	Local Education and Training Board
	LIFT	Longitudinal Integrated Foundation Training
	LTFT	Less Than Full-time Training
M	MCR	Multiple Consultant Report
	MiniCEX	Mini-Clinical Exercise
	MSF	Multi-Source Feedback
	MTI	Medical Training Initiative
	MPT	Medical Practitioner Tribunal
	MPTS	Medical Practitioner Tribunal Service
N	NES	NHS Education for Scotland
	NMAHP	Nursing, Midwifery and Allied Health Professionals
	NTN	National Training Number
	NTS	National Training Survey
	NIMDTA	Northern Ireland Medical and Dental Training Agency
O	OD	Organisational Development
	OM	HET Operations Manager
	OOH	Out Of Hours
	OOP	Out Of Programme
	OOPC	Out Of Programme for Career Break
	OOPE	Out Of Programme for Experience
	OOPP	Out Of Programme Pause
	OOPR	Out Of Programme for Research
	OOPT	Out Of Programme for Training
P	PGD	Postgraduate Dean
	PSU	Professional Support Unit
	PYA	Penultimate Year Assessment
	PYR	Penultimate Year Review
Q	QA	Quality Assurance
	QM	Quality Management
S	SAS	Speciality Associate Doctors
	SDM	HET Service Delivery Manager
	SJT	Situational Judgement Test
	SOAR	Scottish Online Appraisal Resource
	STB	Speciality Training Board
	STC	Speciality Training Committee

	SAC	Speciality Advisory Committee
	SLE	Supervised Learning Event
	SpR	Speciality Registrar (Appointed prior to January 2007)
	StR	Speciality Registrar (Appointed from August 2007)
T	TPD	Training Programme Director
	TPM	Training Programme Management
	TRoG	Trust Rotation Grid
	TIS	Trainee Information System
U	UKFPO	UK Foundation Programme Office
W	WPBA	Workplace-Based Assessment

TPD TIMELINE

High level timeline of key activities, indicating where TPD input is required. Specialty officers will be able to give specific dates.

Event	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Rotations	Grids for May Starters APRIL ROTATIONS PUBLISHED TO TRUSTS and TRAINEES	Grids for June Starters	Grids for July Starters	Grids for August Starters	Grids for September Starters AUGUST ROTATIONS PUBLISHED TO TRUSTS and TRAINEES	Grids for October Starters SEPT ROTATIONS PUBLISHED TO TRUSTS and TRAINEES	Grids for November Starters OCT ROTATIONS PUBLISHED TO TRUSTS and TRAINEES	Grids for December Starters	Grids for January Starters	Grids for February Starters	Grids for March Starters FEB ROTATIONS PUBLISHED TO TRUSTS and TRAINEES	Grids for April Starters MARCH ROTATIONS PUBLISHED TO TRUSTS and TRAINEES
ARCP				ARCP Prep work starts	Window 1 Outcome 5 conversions	Window 2 Outcome 5 conversions	Window 3 Outcome 5 conversions	Outcome 5s	ARCP data validation for GMC Return	GMC return		
Recruitment	Round 1 interviews Round 2 interviews	Round 1 interviews Round 2 interviews Definitive post numbers for Round 1	Round 1 offers Round 2 interviews Definitive post numbers for Round 2	Round 1 offers deadline Round 2 interviews complete Round 2 offers	Round 2 offers deadline					Indicative numbers for Round 1*	Round 1 applications Round 2 applications Indicative numbers for Round 2*	Round 1 applications close Round 2 applications close
Academic	ACF interviews complete ACF offers late Jan							ACF Awards announced Job description and clinical capacity checks by specialty TPDs	JDs to academic recruitment team for adverts	ACF applications	ACF applications close ACF Interviews	ACF interviews
IDT	IDT Waiting list to Jan	IDT Feb Window	IDT Eligibility checks Vacancy Declaration	IDT Conditional offers process	IDT Waiting list to June			IDT August Window	IDT Eligibility checks Vacancy Declarations	IDT Conditional offers process	IDT Waiting list to Jan	IDT Waiting list to Jan

Round 1* CT1/ST1 and run through Aug-Dec starters

Round 2* ST3/ST4+ Aug-Dec Starters

Other activities that require TPD input throughout the year:

- **School Boards – attendance only twice a year**
- **STCs – attendance**
- **RTD - Planning**
- **Allocating academic in addition posts to trusts as part of rotation/grid timeline**
- **CL/Sub-spec – review quarterly**